

2nd request

PAIDC

QUERY CONTROL FORM		RTIS USE ONLY	
Application No. <u>10091791</u>	Prepared by <u>M. RUSTIA</u>	Tracking Number <u>05881981</u>	
Examiner-GAU <u>LAMBKUN-1626</u>	Date <u>7-28-4</u>	Week Date <u>12-29-03</u>	
	No. of queries <u>1</u>	<u>1FW</u>	

JACKET

a. Serial No.	f. Foreign Priority	k. Print Claim(s)	<input checked="" type="checkbox"/> p. PTO-1449
b. Applicant(s)	g. Disclaimer	l. Print Fig.	q. PTOL-85b
c. Continuing Data	h. Microfiche Appendix	m. Searched Column	r. Abstract
d. PCT	i. Title	n. PTO-270/328	s. Sheets/Figs
e. Domestic Priority	j. Claims Allowed	o. PTO-892	t. Other

SPECIFICATION

- a. Page Missing
- b. Text Continuity
- c. Holes through Data
- d. Other Missing Text
- e. Illegible Text
- f. Duplicate Text
- g. Brief Description
- h. Sequence Listing
- i. Appendix
- j. Amendments
- k. Other

MESSAGE

PTO-1449: Please either
initial or line through
the citations. Copy
provided for reference.

CLAIMS

- a. Claim(s) Missing
- b. Improper Dependency
- c. Duplicate Numbers
- d. Incorrect Numbering
- e. Index Disagrees
- f. Punctuation
- g. Amendments
- h. Bracketing
- i. Missing Text
- j. Duplicate Text
- k. Other

RESPONSE

Thank you,
initials MR

initials

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for Form 1445BPTD (Modified) INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)		Application Number: 10491791 Filing Date: March 5, 2002 First Named Inventor: Carol C. Chappell et al. Group Art Unit: 1828 Examiner Name: Deborah C. Lambirth Attorney Docket Number: 800528.0012	
--	--	---	--

[illegible]

Examiner Signature	<i>D. L. Smith</i>	Date Checked	6/21/04
-----------------------	--------------------	-----------------	---------

EXAMPLE: Initial if references considered, whether or not citation is in conformance with HFEF 603. One line through citation 7 not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.

Guidance: This form is estimated to take 2.0 hours to complete. Times will vary depending upon the needs of the individual case. Any comments on the amount of time you are needed to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**

DTMDOCS 822552v1